AMENDMENT A

AMENDMENT

Total

Independent

DATE						3.5		
	LICATION FEE Effective Nove	mber 10, 1998	TION REC	ORD	09/	uon o LĹ 2	r Docket N	umber
CL	AIMS AS FILED			SMA	 / -	$\frac{T}{2}$	30175	
FOR	(Column 1) NUMBER FILED	100	olumn 2) R EXTRA		ALL ENTIT			R THAN L ENTITY
BASIC FEE			SOUND	RAT	E FEE		RATE	FEE
TOTAL CLAIMS	LB minus	s 20= * 3	0		380.0	0	R	760.00
INDEPENDENT CLAIMS	7	s 3 = *	<u>×</u>	X\$ 9	= 342.0	0 01	R X\$18=	
MULTIPLE DEPENDENT	CLAIM PRESENT	4/		X39		OF	X78=	
* If the difference in colu	mn 1 is less than a	Yero onto 400 :		+130	=	OF	+260=	
If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II				TOTA	L 722.00) OF	TOTAL	
(Colu	imn 1) Aims Aining	(Column 2) HIGHEST	(Column 3)	SMAL	L ENTITY	OR	OTHER SMALL	THAN ENTITY
AF AMENI	TER DMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	ADDI- TIONAL
Independent	6 Minus	** 58	= 28	X\$ 9=	252	1	V010	FEE
' 	Minus	*** 3	=	X39=	1232	OR	X\$18=	
FIRST PRESENTATION	OF MULTIPLE DEP	PENDENT CLAIM	X		1	OR	X78=	

(Column 3)

PRESENT

EXTRA

NTC	A Condition	(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER	(Column 3)
NDMENT	Total	AMENDMENT	A A	PREVIOUSLY PAID FOR	EXTRA
EN	Indon	*	Minus	**	=

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

CLAIMS

REMAINING

AFTER

AMENDMENT

Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR

OR

OR

OR

OR

OR

ADDI-

TIONAL

FEE

TOTAL

ADDIT. FEE

RATE

X\$ 9=

X39=

+130=

ADDIT. FEE

TOTAL

+260=

ADDIT. FEE

RATE

X\$18=

X78=

+260=

ADDIT. FEE

TOTAL

ADDI-

TIONAL

FEE

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

**

ADDI-ADDI-RATE TIONAL RATE TIONAL FEE FEE X\$ 9= X\$18= OR X39= X78= OR +130= OR +260= TOTAL TOTAL ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Follows for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:		13017	5			
		Total Fe	e Calcul	atio	α	·	
	Fee Code	Total # Claims	Number Extra	х	Fee	Fee	= Total
	Sm./Lg.				Sm. Entity	Lg. Entir	
Basic Filing Fee	2010101 -:				380.00	.,	. 380.00
Total Claims >20	2037103	58 -20	- <u>38</u>	х	9.00	•	342.00
Independent Claims >3	202)102	3 .,		Х			
Mult. Dep Claim Present	204/104						3
Surcharge	2051/105						
English Translation	_139 .					,	
TOTAL FEE CALCUL	ATION						722.00
Fees due upon filing	the application:						
Total Filing Fees Due	:= 5	122.	00			·	
Less Filing Fees Subr	niπed - S	695.0	00				
BALANCE DUE	= \$	27.08)				
Sherry							
Office of Initial Paten	t Examination						
		l·i	viiro 7				

FORM OIPE-RAM-01 (Rev. 12/97)